10620350 Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN	ITITY	OR	OTHER	
TOTAL CLAIMS			(X				Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		• ()			X\$ 9=		OR	'X\$18=	1
INDEPENDENT CLAIMS			A minus 3 =		• /		ľ	X42=		OR	X84≂	<del></del>
ΜŲ	LTIPLE DEPEN	DENT CLAIM PI	RESENT				-	<del></del>			,	
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280=	
								TOTAL		OR	TOTAL	2234
7-100 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	1.
4		CLAIMS		HIGH	EST				_ADDI			ÃDDI-
AMENDMENT /		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TWO WAL
	Total	.10	Minus	~Q	Ö	=		X\$ 9=		OR	X\$18=	· •
	Independent	1.6	Minus	***	2	=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=	<del>} </del>		+280=	
							L	TOTAL		OR	TOTAL	
	(Out on the control of the control o						A	DDIT. FEE		OR	ADDIT FEE	
_		(Column 1) CLAIMS		(Colur		(Column 3)	7 -				1	
AMENDMENT B		REMAINING AFTER AMENDMENT	2	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	$] \ [$	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	] [	X42=		OR	X84=	
<u>_</u>	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		<b>1</b>					
							L	+140=		OR	+280=	
						2.5	. А	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	<u> </u>
٠		(Column 1) (Column 2) (Column 3)								-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] [	X\$ 9≈		OR	X\$18=	
ME	Independent	*	Minus	***		=	]	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH	-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 29, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er four	nd in the app	propriate bo	k in co	lumn 1.	

FORM PTO-875 (Field 12/02)